Case Number:	CM15-0193995		
Date Assigned:	10/07/2015	Date of Injury:	01/11/2015
Decision Date:	11/18/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/02/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Chiropractic

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old female, who sustained an industrial injury on 1-11-15. The documentation on 9-1-15 noted that the injured worker has complaints of back pain with a pain level of 2 out of 10. Objective findings were listed normal for motor, sensory and gait and reflexes were not tested. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified and low back pain. Treatment to date has included flexeril as needed. The documentation on 9-15-15 under work status noted no more than 12 hours per day as tolerated; no lifting without assistance and no prolonged sitting. The documentation on 9-1-15 noted that the injured worker is status post 12 chiropractic spinal decompression treatments and she is doing much better. The documentation on 7-13-15 noted that the injured worker had 12 sessions of physical therapy. Lumbar spine magnetic resonance imaging (MRI) revealed evidence of multilevel areas of disc bulge and modest neural foraminal stenosis; no frank neural impingement; the central canal is open; spinal alignment is normal and a normal lumbar lordosis. The original utilization review (9-21-15) non-certified the request for additional chiropractic visit for the lumbar spine, 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Additional chiropractic visit for the lumbar spine, 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Manipulation.

Decision rationale: The patient has received chiropractic care for her lumbar spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date are reported to be 36. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommend additional care with evidence of objective functional improvement. The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There has been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. The 6 sessions requested far exceed The MTUS recommended number. I find that the 6 additional chiropractic sessions requested to the lumbar spine to not be medically necessary and appropriate.